

Regular Education Interventions/At Risk Documentation
(Required for all school age students and for preschoolers
if enrolled in Head Start or a district-sponsored preschool.)

Student _____ DOB _____ Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language in home _____ Student's language proficiency (IPT) _____

☐ If primary home language is other than English, attach completed language proficiency documentation, including IPT results.

Areas(s) of Concern (check all that apply):

Academic

- ☐ Language Arts
- ☐ Math
- ☐ Reading
- ☐ Pre-academics
- ☐ Study Skills
- ☐ Other _____

Communication

- ☐ Articulation
- ☐ Language
- ☐ Fluency / Stuttering
- ☐ Voice
- ☐ Listening Skills
- ☐ Other _____

Social / Emotional

- ☐ Attention
- ☐ Task Completion
- ☐ Following Directions
- ☐ Withdrawn
- ☐ Acting Out
- ☐ Peer Relationships
- ☐ Other _____

Sensory / Motor

- ☐ Hearing
- ☐ Vision
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Self Help / Adaptive
- ☐ Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? ☐ Yes ☐ No If yes, when _____

Has this student ever been retained? ☐ Yes ☐ No If yes, when _____

Date of vision screening _____ ☐ Pass ☐ Fail Action _____

Date of hearing screening _____ ☐ Pass ☐ Fail Action _____

Attendance: ☐ Problem ☐ No Problem Comments: _____

Health: ☐ Problem ☐ No Problem Comments: _____

Documentation must be attached for at least two interventions

Interventions

Attempted	Date Started	Date Ended	Effective?
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Curriculum Content	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Instructor	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Schedule	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Seating	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Supplemental Materials	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implemented Contracts	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individualized Homework Assignments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used Computer-Assisted Instruction	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Direct Teaching of a Skill / Concept	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conferenced with Parent(s)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Modified Drill and Practice	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counseled with Student	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other _____

Other _____

Please specify other programs in which student has participated: _____

To be completed by Local Education Agent (LEA) or designee

Refer for:

- | | |
|--|--|
| <input type="checkbox"/> No further action | <input type="checkbox"/> 504 Evaluation |
| <input type="checkbox"/> Alternative language program | <input type="checkbox"/> Local Interagency Council |
| <input type="checkbox"/> Special education consideration | <input type="checkbox"/> Further interventions to: _____ |
| <input type="checkbox"/> Other _____ | |

Signature of LEA or Designee

Date